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CONFIRMATION NO. 6693

SERIAL NUMBER 09/376,604	FILING DATE 08/18/1999 RULE	CLASS XXX	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 107823.129
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APPLICANTS

RAGUPATHY MADIYALAKAN, EDMONTON, CANADA;
ANTOINE A. NOUJAIM, EDMONTON, CANADA;
BIRGIT SCHULTES, LEXINGTON, MA;
RICHARD BAUM, HARGESHEIM, GERMANY;

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** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF PCT/IB96/00461 05/15/1996
AND A CIP OF 08/877,511 06/17/1997 PAT 6,086,873
AND A CIP OF 09/094,598 06/15/1998 ABN
AND A CIP OF 09/152,698 09/02/1998
AND A CIP OF PCT/IB99/01114 06/15/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/02/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 11	TOTAL CLAIMS 240	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Nancy Chiu Ph D
Hale and Dorr LLP
60 State Street
Boston, MA 02109

TITLE

THERAPEUTIC COMPOSITIONS THAT ALTER THE IMMUNE RESPONSE

FILING FEE RECEIVED 7583	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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APPLICANTS
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 BIRGIT SCHULTES, LEXINGTON, MA ;
 RICHARD BAUM, HARGESHEIM, GERMANY;

**** CONTINUING DATA *******
 THIS APPLICATION IS A CIP OF PCT/IB96/00461 05/15/1996 *printed*
 WHICH IS A CIP OF 08/877,302 *not accessible*
 THIS APPLICATION 09/376,604 08/18/1999
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 AND A CIP OF 09/152,698 09/02/1998 *cm*
 AND A CIP OF PCT/IB99/01114 06/15/1999 *printed*

**** FOREIGN APPLICATIONS *******

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 09/02/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 11	TOTAL CLAIMS 240	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Mono</i> Examiner's Signature	Initials		

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TITLE
 THERAPEUTIC COMPOSITIONS THAT ALTER THE IMMUNE RESPONSE

FILING FEE RECEIVED 5331	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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